

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020759

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **206**

Primary Registration District No. **3042**

Registrar's No. **65**

FILED JUN 4 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Madison | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Madison | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fredericktown | | Length of stay in 1b 1 month | c. CITY OR TOWN Roselle |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Madison County Mem. Hosp. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1 mile E. of Roselle |
| 3. NAME OF DECEASED (Type or print) First PAUL Middle CONWAY Last CONWAY | | 4. DATE OF DEATH Month May Day 29 , Year 1963 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12/1/1872 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | | 10b. KIND OF BUSINESS OR INDUSTRY own farm | 9. AGE (last birthday) 90 |
| 11a. FATHER'S NAME William Conway | | 11b. MOTHER'S MAIDEN NAME unknown | 11. BIRTHPLACE (City and state or country) Roselle, Mo. |
| 12. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) no | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13. NAME OF HUSBAND OR WIFE Nancy Ellen Conway | | 14. NAME OF HUSBAND OR WIFE Nancy Ellen Conway | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT Omar Conway, Fredericktown, Mo. | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHIAL PNEUMONIA DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) GENERALIZED ARTERIOSCLEROSIS | | INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS UNKNOWN UNKNOWN | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) NON FUNCTIONING LEFT KIDNEY | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour: 6:30 a.m. 5:29 p.m. Month, Day, Year 5-29-63 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Fredericktown, Mo. | |
| 20g. COUNTY Madison | | 20h. STATE Missouri | |
| 21. I attended the deceased from 4-30-63 to 5-29-63 and last saw him alive on 5-29-63 Death occurred at 6:11 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22. SIGNATURE Dr. W. S. Gookins M.D. (Degree or title) | |
| 22a. ADDRESS 507 W. COLLEGE | | 22b. DATE SIGNED 5-31-63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE June 1, 1963 | |
| 23c. NAME OF CEMETERY OR CREMATORY Granite View Cemetery | | 23d. LOCATION (City, town, or county) Roselle, Missouri | |
| 24. FUNERAL DIRECTOR White Funeral Home, Ironton, Mo. Address only white | | 25. DATE RECD. BY LOCAL REG. 6-1-1963 | |
| 26. REGISTRAR'S SIGNATURE Flarence Hicks | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Audrey White

Licensed Embalmer No. 3012

P. O. Address Ironton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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